



ELOCTATE PA SUMMARY

PREFERRED	Advate, Helixate FS, Kogenate FS, Recombinate, Xyntha
NON-PREFERRED	Eloctate

LENGTH OF AUTHORIZATION: 1 year

NOTE:

- ❖ Physicians administering Eloctate in the office must bill the drug through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program is located at www.mmis.georgia.gov and then log in to request a PA from Physician Services.

PA CRITERIA:

- ❖ Approvable for member's with a diagnosis of hemophilia A (congenital factor VIII deficiency) for control and prevention of bleeding episodes, perioperative management or routine prophylaxis to prevent or reduce the frequency of bleeding episodes, AND
- ❖ Member must have a contraindication, allergic reaction or intolerable side effect with one of the preferred recombinant products that is not anticipated to occur with Eloctate or member must have had an inadequate response or developed inhibitors (antibodies) to one of the preferred recombinant products.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA AND APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.